
II. FORMS AND REFERENCES

ANNUAL PERKINS PROGRAM IMPROVEMENT GRANT APPLICATION

SECONDARY CENTERS

**School Year
2012-2013**

**Under the
Carl D. Perkins
Career and Technical Education
Improvement Act of 2006
(P.L. 109-270)**

**The submission of the complete Perkins Application in GMS on or before
August 22, 2012 will have an August 22, 2012 start date.
*The start date of applications submitted August 23, 2012 or later
will be the date submitted.***

Bureau of Career Development
New Hampshire State Department of Education
21 South Fruit Street, Suite 20
Concord, New Hampshire 03301

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FORMS: 1, EVALUATION OF THE 2011-2013 GRANT ACTIVITIES

Directions: Complete the following matrix. This document must be an attachment to your GMS Perkins application. This is a Word table and will expand to accept explanation.

Planning Area	Initiative Number	Level of success ¹	Data and information that explain and support the rating for level of success.

¹ Initiatives, not the Planning Areas, must all be rated at one of three numerical levels of success:

1. Successful--data support that work on the initiative has reached a high level of success or significantly improved outcomes for students;
2. Working but not complete—data support that there has been improvement, but more work is needed to bring the initiative up to the level of success; or
3. Not working--data do not support the amount of time and money expended in this area. A different approach is needed.

FORMS: 2, NONDISCRIMINATION STATEMENT

1. Statement of Nondiscrimination of the Receiving District: Copy the full Nondiscrimination statement from the Career and Technical Center's Receiving District below. *Recommended wording for the nondiscrimination statement is located in the Reference Document Web links in the Instructions.*

FORMS: 3, CERTIFICATIONS AND ASSURANCES

I, _____ Superintendent of Schools, or authorized
(Print)

designee, for SAU/RA number _____, certify and assure that:

1. The programs, services, and activities designated to be supported by funds through this application will be conducted in accordance with the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (Perkins IV), New Hampshire Statutes, and the New Hampshire Administrative Rules.
2. Policies, procedures, and activities described in this application will be carried out as described herein.
3. Supplemental funds granted to the agency under the provisions of Perkins IV will be used as stipulated in the attached application, and supporting documents and records of expenditures will be maintained for audit in accordance with the requirements of the New Hampshire State Department of Education, Office of Business Management.
4. Student, program, and performance data, information, and reports as may be reasonably required by the NH State Department of Education will be submitted as requested, and in a timely fashion.
5. An equity committee (or another locally determined delivery method) is in place at the CTE center, charged with ensuring equal educational access and success for students in special populations inclusive of race and gender and addressing any issues and needs for improvement.
6. The Regional Advisory Committee is operational and the Advisory Committee has had an opportunity to participate in the annual application for funds.
7. An updated General Assurances form is on file with the Department of Education.

I certify that all information contained in this application is true and correct.

Signature: Superintendent or Authorized Designee

Date

FORMS: 4, EQUITY CONTACT INFORMATION AND DETAILED EQUITY PLAN

Directions: Provide the following contact information for the person designated to address equity activities for your center.

Name_____

Position or Title_____

Mailing Address_____

Email Address_____

Phone_____

2. Outline the plans for how the needs of equity and special populations (*individuals with disabilities, economically disadvantaged, non-traditional career preparations, single parents/single pregnant women, displaced homemakers, students with limited English language proficiency*) of your center will be addressed during the coming year. If you plan on using funds from this grant, equity activities and initiatives would be most appropriate as part of Planning Area 9, Special Populations.

FORMS: 5, PROGRAMS OF STUDY FROM THE RECEIVING AND SENDING SCHOOLS

1. Provide the appropriate hyperlink to the Program of Study for each receiving and sending school.

If link is not available,

- attach copies of the Program of Studies to the application. (Maximum combined attachment size is 6MB) or
- submit to the Bureau an electronic version (CD-R or CD-RW) or
- hard copy

FORMS: 6, APPLICATION CHECKLIST

Eligible Recipient: _____

Instructions for completing the checklist: This checklist is provided for review of your application for completeness and is considered part of the application.

Required Content: Information Included and Complete	
Direct Entry Into the Grants Management System (GMS)	
<u>A. Cover Page:</u>	
<ul style="list-style-type: none">• Is the Applicant Name provided? _____• Is the Project Manager contact information correct? _____• Is the Fiscal Contact Name provided? _____	
<u>B. Annual Initiatives for all Priority Planning Areas, Including Budgets:</u>	
Have the Required Planning Areas been addressed, including budgets:	
1.	Targeted Area if performance falls below 90% of 2012 local goal? _____
2.	Secondary/Postsecondary Linkages? _____
3.	Rigorous and Challenging Courses/Academic and Technical Integration? _____
4.	Career Guidance and Academic Counseling? _____
5.	Professional Development? _____
6.	Planning, Coordination and Collaboration? _____
7.	Size, Scope and Quality? _____
8.	Initiate, Improve, Modernize and Expand Career and Technical Education Programs including Adding Relevant Technology? _____
9.	Special Populations? _____

Attachments to GMS Submission

A. Evaluation of the 2010-2011 Grant Activities

Has the Evaluation Matrix been completed for all 2011-12 initiatives? _____

B. Nondiscrimination Statement:

Is the full text and contact information of the receiving school provided in the statement? _____

C. Certifications and Assurances:

- Is the Superintendent (authorized designee) identified at top of the certificate? _____
- Is the Certificate signed by the person identified at the top of the page? _____

D. Equity Information:

- Is the equity contact information included? _____
- Have detailed plans been included for how the needs of equity and special populations (individuals with disabilities, economically disadvantaged, non-traditional career preparations, single parents/single pregnant women, displaced homemakers, students with limited English language proficiency) will be addressed during the coming year? _____

H: Programs of Study

Have the appropriate web links to the Program of Study for each receiving and sending school been provided. If link is not available, have copies of the Program of Studies been attached to the application. (Maximum combined attachment size is 6 MB): or hard copies or an electronic version (CD-R or CD-RW) been submitted to the Bureau ? _____

I: Checklist for Annual Application

All required information is included and complete. _____